

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212543519</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Pikeville Medical Center, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>LAURA WINDSOR</b>  <b>1001 HAXALL POINT</b>  <b>PO BOX 1122</b></p> <p><b>RICHMOND, VA 23218-1122</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>KY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2012</b></p> <p>SCC ID NO: <b>F1807488</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 911 BYPASS ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: PIKEVILLE, KY 41501</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      WALTER E MAY  TITLE:                      PRESIDENT  ADDRESS:                  911 BYPASS ROAD  CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      WALTER E MAY TITLE:                      PRESIDENT ADDRESS:                  911 BYPASS ROAD CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      WALTER E MAY TITLE:                      PRESIDENT ADDRESS:                  911 BYPASS ROAD CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      RON BURCHETT  TITLE:                      VICE PRESIDENT  ADDRESS:                  P O BOX 1198  CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      RON BURCHETT TITLE:                      VICE PRESIDENT ADDRESS:                  P O BOX 1198 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      RON BURCHETT TITLE:                      VICE PRESIDENT ADDRESS:                  P O BOX 1198 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      JOE DEAN ANDERSON  TITLE:                      SEC,TREA  ADDRESS:                  P O BOX 785  CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      JOE DEAN ANDERSON TITLE:                      SEC,TREA ADDRESS:                  P O BOX 785 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      JOE DEAN ANDERSON TITLE:                      SEC,TREA ADDRESS:                  P O BOX 785 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      WALTER BLANKENSHIP  TITLE:                      DIRECTOR  ADDRESS:                  136 MYRA BARNES AVENUE  CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      WALTER BLANKENSHIP TITLE:                      DIRECTOR ADDRESS:                  136 MYRA BARNES AVENUE CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      WALTER BLANKENSHIP TITLE:                      DIRECTOR ADDRESS:                  136 MYRA BARNES AVENUE CITY/ST/ZIP/CO:        PIKEVILLE, KY 41501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      T T COLLEY  TITLE:                      DIRECTOR  ADDRESS:                  P O BOX 2141  CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      T T COLLEY TITLE:                      DIRECTOR ADDRESS:                  P O BOX 2141 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      T T COLLEY TITLE:                      DIRECTOR ADDRESS:                  P O BOX 2141 CITY/ST/ZIP/CO:        PIKEVILLE, KY 41502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME:                      David Collins  TITLE:                      DIRECTOR  ADDRESS:                  P.O. Box 2768  CITY/ST/ZIP/CO:        Pikeville, KY 41502 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      David Collins TITLE:                      DIRECTOR ADDRESS:                  P.O. Box 2768 CITY/ST/ZIP/CO:        Pikeville, KY 41502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                      David Collins TITLE:                      DIRECTOR ADDRESS:                  P.O. Box 2768 CITY/ST/ZIP/CO:        Pikeville, KY 41502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	Naveed Ahmed, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4159 North Mayo Trail Suite 102		
CITY/ST/ZIP/CO:	Pikeville, KY 41501		
NAME:	Dennis Halbert, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 Chestnut Drive		
CITY/ST/ZIP/CO:	Pikeville, KY 41501		
NAME:	Judith Hinkle	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 Walnut Street		
CITY/ST/ZIP/CO:	Pikeville, KY 41501		
NAME:	Hobart Clay Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 550		
CITY/ST/ZIP/CO:	Pikeville, KY 41502		
NAME:	John LaBreche	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	119 Pinson Branch		
CITY/ST/ZIP/CO:	Pikeville, KY 41501		
NAME:	Alex Poulos, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	646 Ratliffs Branch Road		
CITY/ST/ZIP/CO:	Pikeville, KY 41501		
NAME:	Jo Nell Robinson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 2350		
CITY/ST/ZIP/CO:	Pikeville, KY 41502		
NAME:	Mary Simpson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1654 Mudlick Road		
CITY/ST/ZIP/CO:	Hardy, KY 41531		
NAME:	Sue Smallwood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 217		
CITY/ST/ZIP/CO:	Dorton, KY 41520		
NAME:	Juanita Deskins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	P.O. Box 3413		
CITY/ST/ZIP/CO:	Pikeville, KY 41502		
NAME:	Michelle Hagy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	P.O. Box 1035		
CITY/ST/ZIP/CO:	Pikeville, KY 41502		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ Michelle Hagy	Michelle Hagy, CFO	11/12/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		